



# **FACULTY AGREEMENT FOR ACTIVITIES RECEIVING CME CREDIT**

Name of Educational Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Location of Activity: \_\_\_\_\_

Name of Faculty: \_\_\_\_\_

	TITLE	TIME
Title(s) of Presentation(s):	_____	_____

-----

## **Terms and Conditions**

The undersigned faculty member understands and accepts the following rules as required by the CME Sponsor in conformance with the Essential Areas and Policies of the ACCME and the rules of the American Medical Association:

- 1. Disclosure.** Faculty must complete and submit a Disclosure Statement prior to the presentation, and that Disclosure Statement shall be complete and truthful to the best of the speaker's knowledge. Faculty are required to disclose any financial relationship they may have with any product or class of products they discussed in an educational activity.
- 2. Fair-Balance.** Faculty are required to prepare fair-and-balanced presentations which are objective and scientifically rigorous.
- 3. Unapproved Uses.** Presentations which provide information in whole or in part related to non-FDA approved uses for drug products and/or devices must clearly acknowledge the unlabeled indications or the investigational nature of their proposed uses to the audience. Faculty who plan to discuss non-FDA approved uses for a drug must advise the sponsor of their intent.

<b>A</b> I intend to reference unlabeled/unapproved uses of drugs or products in my presentation.
---

- 4. Use of Generic versus Trade Names.** Presenters should use scientific or generic names in referring to products in their lectures. Should it be necessary to use a trade name, then the trade names of all similar products or those within a class should be used.
- 5. Commercial Supporter Influence.** Faculty are not permitted to receive any direct remuneration or gifts from the commercial supporter(s) of this activity that is related to this activity, nor should they be subject to direct input from a commercial supporter regarding the content of their presentation.

-----

### **Acknowledged and Agreed:**

Faculty Signature \_\_\_\_\_

Date: \_\_\_\_\_

FAX completed forms to: Mr. Tom Smith (410) 436-4117 or email to [Thomas.Smith@apg.amedd.army.mil](mailto:Thomas.Smith@apg.amedd.army.mil)

\_\_\_\_\_